Marquette County Health Department



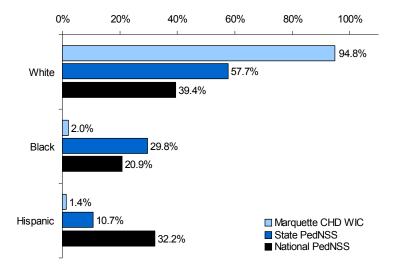
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

In 2000, Marquette County had a population of approximately 64,634 residents, according to data from the 2000 Census. Five percent of its residents were under the age of five years old and 16.6% of those infants and children lived below poverty. The county health department in Marquette provides WIC services to its residents. The Marquette County Health Department (Marquette CHD) WIC program serves 1,320 of all WIC participants in the state. PedNSS data on infants and children in Marquette CHD WIC showed:

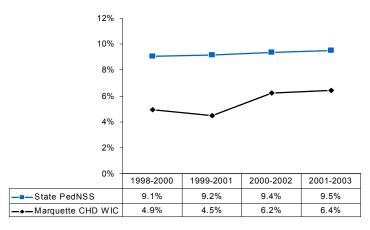
- The incidence of low birthweight was 6.4%;
- 11.9% of infants were high birthweight;
- The overall prevalence of short stature was 6.7%;
- Less than 3% of infants and children under five years old (2.3%) were underweight;
- Over one-third of children two to five years old (33.7%) were either overweight or at risk of overweight;
- 12.6% of infants and children under the age of two years old had iron deficiency anemia;
- Nearly 60% of infants were ever breastfed.

Figure 1. Racial/ethnic distribution among infants and children under five years old, 2001-2003 PedNSS



Most of Marquette CHD WIC infants and children (94.8%) were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight*** among infants in the Marquette CHD WIC Agency, 1998-2003 MI PedNSS



In Marquette CHD WIC, the average increase of the incidence of low birthweight was 11.1% per year.

Figure 3. Local and state trends in **ever breastfed** among infants in Marquette CHD WIC, 1998-2003 PedNSS

The prevalence of infants ever breastfed in Marquette CHD WIC increase by an average of 1.0% per year since 1998, meanwhile the state prevalence increased approximately 2.6% per year.

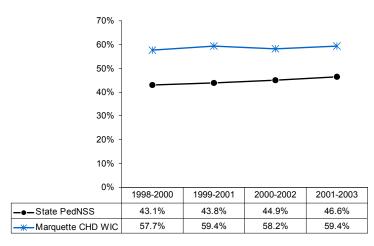
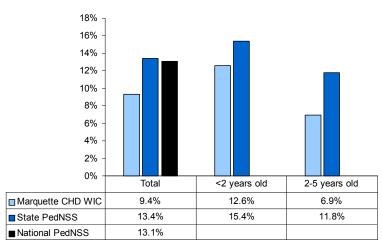


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS



Unlike state and national PedNSS infants and children under five years old, less than one in ten participants of Marquette CHD WIC had iron deficiency anemia.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

^{*}Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

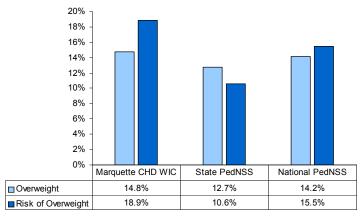
Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS

Despite the decrease between 1998-2000 and 1999-2001, the overall trend in short stature increased in Marquette CHD WIC by an average of 1.8% per year.

10% 7				
9% -				_
8% -	A-			
7% -	•——			*
6% -	*	—ж	*	, , ,
5% -				
4% -	•			
3% -				
2% -				
1% -				
0% -	1998-2000	1999-2001	2000-2002	2001-2003
—●—State PedNSS	7.4%	7.5%	7.4%	7.2%
──── Marquette CHD WIC Total	6.5%	5.9%	6.0%	6.7%
—▲—<2 years old	8.4%	7.3%	7.2%	8.8%
2-5 years old	4.1%	4.3%	4.5%	4.5%

^{*}Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight *** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS

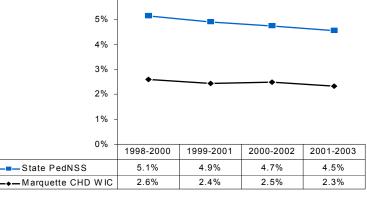


Two to five year old children of Marquette CHD WIC had a higher prevalence of overweight and risk of overweight compared to their state and national peers.

The trend in underweight for Marquette County WIC infants and children under five years old was consistently below that of state WIC infants and children.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old in the Marquette CHD WIC Agency, 1998-2003 MI PedNSS

6%

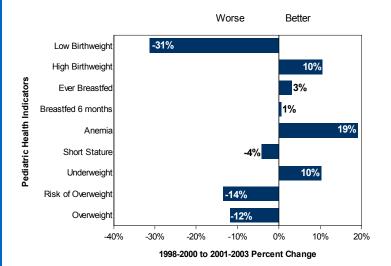


^{*}Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

^{*}Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

^{**}Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender

Figure 8. Pediatric **health progress review** for Marquette CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Marquette CHD WIC improved in five of nine health/nutritional indicators, especially iron deficiency anemia.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WICProgram shall assure the broadest possible access to services, supports, and food.

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